KEYNOTE SPEAKER

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Health Equity & Diabetes Prevention

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Scaling the National Diabetes Prevention Program in Underserved Areas
Virtual Showcase Conference

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Overview

- Health equity definitions
- Health equity intervention & action principles
- Who is at risk for diabetes?
- Q&A
Health Equity Definitions
Health Equity

- The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

https://www.cdc.gov/healthequity/whatis/index.html
Health Disparities

A health disparity is a plausibly avoidable, systematic health difference adversely affecting a socially or economically disadvantaged group.

- This definition does not require establishing that the health difference was caused by social or economic disadvantage; it requires only observing worse health in a socially or economically disadvantaged group. Even without definitive knowledge of their causes, health disparities are ethically concerning because they adversely affect groups already at underlying social or economic disadvantage, and further disadvantage them with respect to their health.

Source: Adapted from https://www.rwjf.org/content/rwjf-web/us/en/insights/our-research/2017/05/what-is-health-equity
Health Inequities

A health inequity is a particular kind of health disparity that is reasonably believed to reflect injustice.

- Where there is reasonable (but not necessarily definitive) evidence that underlying inequities in opportunities or resources to be healthier have contributed to a health disparity, that disparity can be called a health inequity.

Source: Adapted from [https://www.rwjf.org/content/rwjf-web/us/en/insights/our-research/2017/05/what-is-health-equity](https://www.rwjf.org/content/rwjf-web/us/en/insights/our-research/2017/05/what-is-health-equity)
Health Equity Science

- Investigates the underlying contributors to health inequities and builds an evidence base that will guide action across the domains of program, surveillance, policy, communication, and scientific inquiry to move toward eliminating, rather than simply documenting, inequities.

https://www.cdc.gov/healthequity/core/index.html
Diversity, Equity, Inclusion, and Accessibility

- Diversity involves increasing the representation of public health professionals and other professionals from various academic disciplines, social backgrounds, and lived experiences.

- To eliminate disparities in health outcomes, CDC must champion Equity, which is the glue that connects diversity and inclusion to nurture fairness and justice in how CDC serves its workforce and the public.

- Inclusion involves making space for diversity and being intentional about seeking input and participation from everyone in the workplace.

- Accessibility ensures that all people, including people with disabilities, can fully and independently use all facilities, technology, programs, and services.
Health Equity Intervention & Action Principles
Background on Interventions & Systems Change

A health intervention is generally considered a public health program or initiative designed to have a positive impact on a health problem or condition.

Focused intervention strategies are needed to address structural and social determinants of health and other equity considerations.

Systems changes are often needed to strengthen organizational infrastructure, capacity, and program processes to ensure continuous positive progress towards achieving health equity, in the broader context of equity.
Cross-cutting Principles to Advance Equity in Interventions and Stimulate Action in Organizations

- Embrace equity as the foundation of organizational commitments, policies, and practices.
- Embody anti-racism and anti-oppression in all aspects of the organization and its interventions.
- Establish and maintain infrastructure to advance equity.
- Communicate effectively to advance equity.
- Engage communities and mobilize partners to enable effective and sustainable organizational efforts.
- Advance health equity in the context of structural and social determinants of health.
- Apply equity-oriented and equitable evaluation approaches to monitor and evaluate progress towards health equity.
Organizational & Program Policy

Embrace equity as the foundation of organizational commitments, policies, and practices.

- The organization’s vision, mission, strategic plans, resource commitments, policies, and practices align with shared equity-oriented values.
- An organization models cultural inclusion, belonging, and representation with the communities it serves through its leadership and practice.
Embody anti-racism and anti-oppression in all aspects of the organization and its interventions.

- Power and decision-making are inclusive of minoritized racial and ethnic groups and other groups that have historically been marginalized and excluded, and this is reflected through leadership, policies, practices, and infrastructure.
- The impacts of stigma and discrimination among racialized groups and groups experiencing oppression are assessed and then addressed within the organization and its interventions.
Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Policy. Equal opportunity is the bedrock of American democracy, and our diversity is one of our country’s greatest strengths. But for too many, the American Dream remains out of reach. Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied that equal opportunity to individuals and communities. Our country faces converging economic, health, and climate crises that have exposed and exacerbated inequities, while a historic movement for justice has highlighted the unbearable human costs of systemic racism. Our Nation deserves an

Racism is a Serious Threat to the Public’s Health

Racism is a systemic issue—resulting in a complex interplay of structural, institutional, and individual factors that results in unfair and harmful treatment of individuals and communities based on their race or ethnicity. This results in conditions that unfairly advantage some and disadvantage others throughout society.

Racism—both interpersonal and structural—negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.

A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—feeling where one lives, learns, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, health, and employment. These conditions—often referred to as the social determinants of health—are key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcomes.

The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic Black Americans is four years lower than that of White Americans. The COVID-19 pandemic,

Confronting the Impact of Racism

Racism will not be easy. I know that we can do this if we work together. I certainly hope you will join in and join me.
Those at all levels of leadership have a demonstrated interest in and commitment to equity.

The workforce is not only representative of populations served and varied lived experiences and professional backgrounds, but also culturally humble and linguistically competent.
Communication efforts include hearing and responding to what is important to communities.

The organization shares practice-based examples to frame health equity as a “we” issue that benefits many.

Communicate effectively to advance equity.
Community Engagement & Partnership

Engage communities and mobilize partners to enable effective and sustainable organizational efforts.

- Contexts of communities, such as historical, socio-cultural, and economic considerations, are discussed and acknowledged, and ethical considerations are reconciled within the organization and with communities.
- Organizations center partners, including community members, in decision-making and priority setting, facilitating capacity building and power-sharing for long-term mobilizations and sustainability of interventions.
Structural & Social Determinants of Health

Advance health equity in the context of structural and social determinants of health.

- Organizations and communities take into account -- in planning and implementation -- structural and social assets and barriers that can impact the success and sustainability of programs.
- Data collected to identify sources and root causes of health inequity and support intervention development in the structural and social contexts of communities.
Apply equity-oriented and equitable evaluation approaches to monitor and evaluate progress towards health equity.

- Equity is embedded in all aspects of evaluation from planning, design, and implementation to post-intervention activities.
- Continuous intervention improvement is ensured, including routinely sharing results with partners and communities throughout the intervention lifecycle.
Health Equity Intervention & Action Principles
Diabetes Risk
Diabetes Data from Division of Diabetes Translation

- 37 million people in the U.S. have diabetes
- In adults, type 2 diabetes accounts for 90-95% of all diagnosed cases
- 96 million have prediabetes
- Risk of early death for adults with diabetes is 60% higher than for adults without diabetes
- Medical costs for people with diabetes are more than twice as high as for people without diabetes
- **People of color are at increased risk for type 2 diabetes:**
  - Black: 12.1%, Hispanic: 11.8%, Asian: 9.5%, White: 7.4%

CDC and Cultural Awareness

- Recognizing historical trauma, including racism, and its effect on decision-making for racial/ethnic minority groups
- Developing culturally responsive messaging
- Addressing the ongoing impact of medical professionals (e.g., unconscious bias) when providing care to racial/ethnic minority groups
- Ensuring timely, accurate, and accessible information
- Improving capacity to integrate health equity principles and practices
- Building strong partnerships with organizations to achieve community engagement
Connect With Us!

- **Health Equity Matters**: quarterly e-newsletter that shares news, perspectives, and progress related to minority health and health equity. [https://www.cdc.gov/minorityhealth/newsletter.html](https://www.cdc.gov/minorityhealth/newsletter.html)

- **Health Matters for Women**: monthly e-newsletter that provides information on what is happening in women’s health around CDC and other agencies. [https://www.cdc.gov/women/newsletter/index.htm](https://www.cdc.gov/women/newsletter/index.htm)

- **Conversations in Health Equity**: blog devoted to increasing awareness of health inequities and promoting national, state, and local efforts to reduce health disparities and achieve health equity. [https://blogs.cdc.gov/healthequity/](https://blogs.cdc.gov/healthequity/)

- Engage with us on Twitter [@CDCHealthEquity](https://twitter.com/CDCHealthEquity) and LinkedIn [@CDComhhe](https://www.linkedin.com/company/cdc-health-equity/).
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.